

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HN		05-14-01
O.I.P.E. CLASSIFIER		20	5/30
FORMALITY REVIEW	K	1019	07-12-01
RESPONSE FORMALITY REVIEW	AM	917	10-18-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	4/20/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	0
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	0
18	0
19	0
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	0
31	✓
32	✓
33	0
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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RESP-850  
10-18-01